

Athletic Training History Form



UNIVERSITY
OF WYOMING

Campus Recreation
Wellness Center

Instructions:

Please complete this form and drop it off at the Wellness Center, email it to CampusRecAT@uwyo.edu, or upload it to your Healthy Roster Profile before your appointment with the Athletic Trainer.

Name _____ Gender _____ Today's Date _____

Preferred Name _____ Preferred pronoun _____

Birthdate _____ Graduation Month & Year _____

Phone number _____ W Number _____

Email _____

Date of Injury _____ Left / Right Body Part: _____

Allergies or Other Special Concerns (e.g., Asthma/ diabetes) _____

What Happened?

Has this happened before? If so, when?

Does this injury / condition stop you from any daily activities? If yes, explain?

I understand that by receiving athletic training services in Half Acre, my personal health information (PHI) will be stored in Healthy Roster, an electronic medical record. I give permission to share my PHI through Healthy Roster with pertinent users of the system.

I give my permission to have a rehabilitation program sent to me via text and/or email. The text/email does not contain any PHI. The rehabilitation program access code is assigned only to me. My rehabilitation program cannot be accessed without my personal access code. I would prefer to receive my program via

____ Email ____ Text ____ Secure portal

Signature

Date